

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014445

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 7 1962

1. PLACE OF DEATH

a. COUNTY Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Cape GirardeauLength of stay in 1b
23 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. FrancisInside Limits
Yes ☒ - No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Cape Gir.

c. CITY OR TOWN Cape Girardeau

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1325 N. W. End BoulevardReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Etta Lovelace4. DATE OF DEATH
April 28, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12-7-1883

9. AGE (last birthday)

78

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Reg. Practical Nurse

10b. KIND OF BUSINESS OR INDUSTRY

Nursing

11. BIRTHPLACE (City and state or country)

Hickman Co., Kentucky U. S. A.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Billie Potter

13b. MOTHER'S MAIDEN NAME

Jackson

14. NAME OF HUSBAND OR WIFE

V. A. Lovelace

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give year or dates of service)

NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Billie Lovelace St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Coronary heart disease (complicated by congestive heart failure)
(2 Myocardial infarction)INTERVAL BETWEEN ONSET AND DEATH
4-7-62

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 7th, 1962 to April 28, 1962 and last saw her alive on April 27, 1962

Death occurred at 9:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Doctor or title)

[Signature]

22b. ADDRESS

714 Broadway, Cape Girardeau, Mo.

22c. DATE SIGNED

4/30/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5-1-1962

23c. NAME OF CEMETERY OR CREMATORY

New Chapel Meth. Cemetery near Clinton, Ky.

23d. LOCATION (City, town, or county)

near Clinton, Ky.

(State)

24. FUNERAL DIRECTOR

Ford & Sons Cape Girardeau, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

May 1, 1962

26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 0/68

2 0/68

3

4 1

5 2

6

7 1

8 0

9 420.1

10

11

12 2-0

13 1-0

Estes

Taken to doctor 4-30-62
Picked up 5-1-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. J. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.